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PART B - FEE(S) TRANSMITTAL

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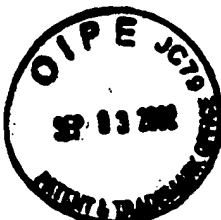
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7590

06/04/2002

PENNIE & EDMONDS  
1155 AVENUE OF THE AMERICAS  
NEW YORK, NY 100362711



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/442,277	05/16/1995	EDWARD A. BOYSE	6287-026	2834

TITLE OF INVENTION: ISOLATION AND PRESERVATION OF FETAL AND NEONATAL HEMATOPOIETIC STEM AND PROGENITOR CELLS OF THE BLOOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	09/04/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
WITZ, JEAN C	1651	424-093700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Pennie & Edmonds LLP

2. \_\_\_\_\_

3. \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**PharmaStem Therapeutics, Inc.**

**Del Mar, California**

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Adrienne M. Antler Reg. No. 32 605 September 3, 2002**

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01 FC:242

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